

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90317 038 \*\*\*\*50.00

**DOCUMENT # L02000001877**

1. Entity Name

**WORLD MARKETING & LOGISTICS, LLC**



Principal Place of Business

Mailing Address

**145 ORQUIDEA AVE.  
CORAL GABLES FL 33143**

**145 ORQUIDEA AVE.  
CORAL GABLES FL 33143**

20012412

2. Principal Place of Business

3. Mailing Address

**2929 SW. 3<sup>RD</sup> AVE**

**2929 SW 3<sup>RD</sup> AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 510**

**SUITE 510**

City & State

City & State

**MIAMI - FL**

**MIAMI - FL**

Zip

Country

Zip

Country

**33129 USA**

**33129 USA**

4. FEI Number

**04-3590774**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **BASSIGNANI, Guillermo Jose**  
Street Address (P.O. Box Number is Not Acceptable)  
**2929 SW. 3<sup>RD</sup> AVENUE**  
**SUITE 510 -**  
City **MIAMI** FL Zip Code **33129**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**1-15-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BASSIGNANI, GUILLERMO JOSE	145 ORQUIDEA AVE.	CORAL GABLES FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	BASSIGNANI, GUILLERMO JOSE	2929 SW. 3 <sup>RD</sup> AVE - SUITE 510	MIAMI - FL - 33129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**  
**Guillermo J. Bassignani**

**1-15-03**

**(786) 200-2258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

00181540

CR2E083 (10/02)